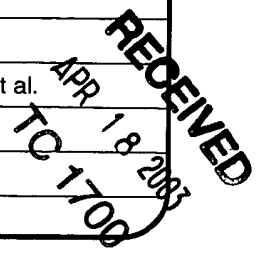


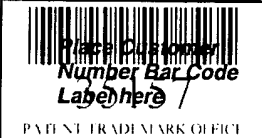


4/18/03  
4/28/03

|  |                               |                        |
|--|-------------------------------|------------------------|
| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b><br><br>Address to:<br>Assistant Commissioner for Patents<br>Washington, D.C. 20231 | <b>Application Number</b>     | 09/882 123             |
|  | <b>Filing Date</b>            | 15 June 2001           |
|  | <b>First Named Inventor</b>   | HUANG, David P. et al. |
|  | <b>Group Art Unit</b>         | 1761                   |
|  | <b>Examiner Name</b>          | TRAN LIEN, Thuy        |
|  | <b>Attorney Docket Number</b> | 1880                   |



Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 35157   
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OR

|   |                                      |              |            |                |       |
|---|--------------------------------------|--------------|------------|----------------|-------|
| <input type="checkbox"/> <b>Firm or Individual Name</b> | David P. LeCroy                      |              |            |                |       |
| <b>Address</b>  | National Starch and Chemical Company |              |            |                |       |
| <b>Address</b>  | Post Office Box 6500                 |              |            |                |       |
| <b>City</b>   | Bridgewater                          | <b>State</b> | NJ         | <b>ZIP</b>     | 08807 |
| <b>Country</b>  | US                                   |              |            |                |       |
| <b>Telephone</b>  | (908) 685-5433                       |              | <b>Fax</b> | (908) 707-3706 |       |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

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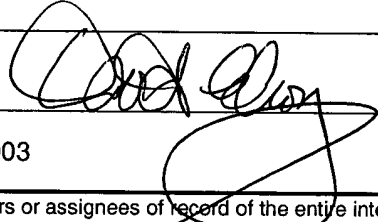
☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

**Typed or Printed Name** David P. LeCroy

**Signature** 

**Date** 19 March 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.